

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|------------------------|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7/10/00</u> | | 2 Serial/Patent # <u>09/405979</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| ✓ | Filing | | | \$ <u>78.00</u> | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| ✓ | Overpayment | <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> Treasury Check </div> | | | | | | | | | |
| | Duplicate Payment | <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> Credit Deposit A/C #: </div> | | | | | | | | | |
| | No Fee Due (Explanation): | <div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">7</td> </tr> </table> </div> | | | 1 | 8 | -- | 0 | 9 | 8 | 7 |
| 1 | 8 | -- | 0 | 9 | 8 | 7 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>R. Nelson</u> | | | TITLE: <u>LIE</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | PHONE: <u>308-9485</u> | | | | | | | | |
| OFFICE: <u>T-4</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | | DATE: <u>7/12/00</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: